

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (MHBG) RENEWAL APPLICATION INSTRUCTIONS FOR SFY 2011-12

The application must address all programs funded with the MHBG. The seven Children's System of Care (CSOC) programs in Humboldt, Los Angeles, Merced, Monterey, Placer, San Luis Obispo, and Stanislaus counties do not need to include the CSOC narrative in this application. They must, however, provide Program Data Sheets and Detailed Provider Budgets. The CSOC program must also adhere to their approved proposal/application and may be subject to additional scope of work plan requirements.

Please note: Pursuant to a Memorandum with DMH, the California Mental Health Planning Council conducts independent CMHS peer reviews. Counties who have been reviewed in SFY 2010-11 must address the peer review findings and corrective action taken, if any, in this application.

Please note that all application package contents (Enclosures, Attachments, and Forms) may be downloaded from the following website:
http://www.dmh.ca.gov/Services_and_Programs/Adults/SAMHSA.asp.

The county application must include the following:

1. Signed Planning Estimate Worksheet (Enclosure 1);
2. Signed Agreements (Attachment 1);
3. Signed Certifications (Attachment 2);
4. Completed MHBG Program Data Sheet (Attachment 3), one per program and must indicate any transformational services provided;
5. Federal Grant Detailed Program Budget, MH 1779, (Attachment 4), one per program; and
6. Program Narrative is required for each program funded with the base allocation, dual diagnosis set-aside, and the Integrated Services Agency (ISA) programs funded in Los Angeles and Stanislaus counties. Multiple programs and/or subcontractor expenses including dual diagnosis set-aside and ISA programs must be detailed on separate MH 1779 forms and summarized on a single county MH 1779 form (see examples, attachment 4a). If you have used

any of your base allocation and/or dual diagnosis set-aside funds to expand your CSOC program you must provide a narrative describing how those funds will be used.

Each narrative should be no longer than ten pages and must include the following:

- a) Statement of Purpose reflects the principles on which the program is being implemented. MHBG programs are required to implement the principles of integrated systems of care. Specify how the program works with other departments and agencies that serve the same population;
- b) Program Description specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, and planned community outreach, as applicable. The budget line items within the Federal Grant Detailed Program Budget, MH 1779, must be explained in the program description;
- c) Target Population specifies the population that your block grant funded programs are serving. Federal statutes require that the target population must include adults and older adults with a serious mental illness (SMI) and/or children with a serious emotional disturbance (SED). The federal definitions, as published in the Federal Register in 1992, are enclosed (Attachment 5, Center for Mental Health Services Definitions of Adults with a Serious Mental Illness and Children with a Serious Emotional Disturbance). There may be discrete programs serving specific sub-populations such as dually diagnosed, homeless, forensic, minorities, consumer operated, transitional age youth, etc. The application must include a brief description of the target population including any sub-population served with the block grant funds.

The dual diagnosis set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in your description;

- d) Staffing Chart that specifies position title; total full time equivalency (FTE) for the program; and the total paid for by the block grant funds. MHBG positions listed in this section must match the submitted budgets;
- e) Designated Peer Review Representative who may participate as a member of the Peer Review Team, in a neighboring county. The County Mental Health Director is to designate **one** person to represent the county (not one person per program);
- f) Implementation Plan specifies dates by which each phase of the program will be implemented or states that the program is fully implemented; and

- g) Program Evaluation Plan for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems. Although no longer mandatory, the application may also include any measurable outcome objectives that demonstrate progress toward stated purpose(s) or goal(s) of the program along with a statement reflecting the progress made toward achieving last year's objectives.

The application with the required documentation and original signature, along with **one copy**, are to be submitted to DMH by July 15, 2011. Payments will not be made until the required application and required documentation is received and approved. Submit the application and required documentation to:

Heide Lange
Department of Mental Health
Grants Program Management
1600 9th Street, Room 150
Sacramento, CA 95814

MHBG funds may not be used as county matching funds, nor are any matching funds required.

Counties that want to make revisions to their application after the initial submission must submit a revised program narrative and/or budget to the above address or by e-mail. Implementation of any changes is contingent upon approval by the State DMH. However, counties are allowed to move 10% or less of the budgeted amount for a program between line items in that budget without prior approval.

If you have any questions or would like information on program or policy issues, contact Heide Lange at (916) 651-0491 or by e-mail at heide.lange@dmh.ca.gov, or for fiscal issues, contact Kimberly Wimberly at (916) 653-7968 or by e-mail at kimberly.wimberly@dmh.ca.gov.